MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09124

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 yr. 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1931 Aliceanna St

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Michael (Last) Adamczyk

4. DATE OF DEATH (Month) 9 (Day) 2 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced
8. DATE OF BIRTH 10-10-96
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) driller
10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Adamczyk
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Records of Springfield St. Hosp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	6 months
	(c)	

4222
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post traumatic psychosis (basilar fracture) 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Sept 2, 1950 that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Md DATE SIGNED 9-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-6-50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. Sept. 2, 1950
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR John Ullrich ADDRESS 2004 Orleans St. Balto. Md.

49629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09125

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 1/31/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 515 Allegheny Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Dunlap (Last) BAYNE

4. DATE OF DEATH: (Month) September (Day) 11 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 17/1909

9. AGE last birthday: 41 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): peddled newspapers

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Towson, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Henry Bayne

14. MOTHER'S MAIDEN NAME: Ida Warfel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
308.1 Immediate cause	(a) Edema of the lungs	2 hrs.
85 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy	about 40 years
	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency — about 40 years

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN): ---

(COUNTY): ---

(STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐: ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Aug. 20, 1950, to Sept. 11, 1950, that I last saw the deceased alive on Sept. 11, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M. D. (Degree or title)
Martin Gross, M.D.

ADDRESS: Sykesville, Maryland

DATE SIGNED: 9/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: SEPT. 13, 1950

NAME OF CEMETERY OR CREMATORY: PROSPECT HILL CEM.

LOCATION (City, town, or county) (State): TOWSON, MD.

DATE REC'D BY LOCAL REG.: 9/13/50

REGISTRAR'S SIGNATURE: Aw. Hadnett

24. FUNERAL DIRECTOR: JOHN BURNS' SONS, TOWSON, MD.

ADDRESS

27814

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09126

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; MARYLAND; LENGTH OF STAY (in this place) 37 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St.H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md~~ daughters in Michigan; COUNTY Alleganey; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Betz

4. DATE OF DEATH: (Month) Sept. (Day) 8. (Year) 1950

5. SEX: fem.

6. COLOR OR RACE: wh.

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: unknown

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Frostburg Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Sebastian Winner

14. MOTHER'S MAIDEN NAME: Anne Entler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hosp. Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4143X Immediate cause	(a) Bronchopneumonia	2 4 hours
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Degeneration	3 years
	(c) Hypertension	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia Hebephr. Type 37 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to Sept., 1950, that I last saw the deceased alive on Sept. 8, 1950, and that death occurred at 10 13 p.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Elizabeth A. Winiarz ADDRESS: Springfield, Sykesville, Md. DATE SIGNED: Sept. 8. 50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Sept. 12 1950; NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Cem.; LOCATION (City, town, or county) (State): Alleganey Co, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 10, 1950; REGISTRAR'S SIGNATURE: Stany Keen

24. FUNERAL DIRECTOR AND ADDRESS: Jacob Hafer, Frostburg, Md.

RECEIVED
SEP 14 1950
BUREAU V. S

09127

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LOWELL (Middle) MASON (Last) BIRELY

4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 12-1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Clerk
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Carroll County Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME F. Thomas Birely
14. MOTHER'S MAIDEN NAME Carrie Gladhill Birely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Susan Louisa Angell

18. MEDICAL CERTIFICATION

Mothers Maiden Name

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C-V disease	10 yrs
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1950, to Sept 27, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE James T Marsh (Degree or title) MD. ADDRESS Westminster Md DATE SIGNED 9/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/29/50
NAME OF CEMETERY OR CREMATORY Mt Union Cem.
LOCATION (City, town, or county) Union Bridge R.D. (State) Md.

DATE REC'D BY LOCAL REG. Sept 28, 1950
REGISTRAR'S SIGNATURE Leslie L. Kepp
24. FUNERAL DIRECTOR D. D. Harper & Sons ADDRESS Union Bridge & New Windsor Md

25447

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1950
BUREAU V. S

09128

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton

LENGTH OF STAY (in this place) 4yrs. 7mos. 12days

HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland

STREET ADDRESS (If rural, give location) 206 W. Ware St.

3. NAME OF DECEASED (Type or Print) (First) SENORA (Middle) (Last) BLACK

4. DATE OF DEATH (Month) September (Day) 14, (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.

8. DATE OF BIRTH March 1. 1913

9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Blacksburg, South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Black

14. MOTHER'S MAIDEN NAME Mary Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Pulmonary Tuberculosis	Oct., 1945
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 4, 1946, to Sept. 14, 1950, that I last saw the deceased alive on Sept. 14, 1950, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 9-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sep 12 NAME OF CEMETERY OR CREMATORY Mt Calvy LOCATION (City, town, or county) A.A. Co (State) Md.

DATE REC'D BY LOCAL REG. 9-14-50 REGISTRAR'S SIGNATURE Albert R. Swankham

24. FUNERAL DIRECTOR A. Halstead ADDRESS 918 Druid Hill Ave.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 18 1950
BUREAU OF S

09129

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 4 Bond St.

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) YOUNG (Last) BYERS

4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-10-1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Byers
14. MOTHER'S MAIDEN NAME Anna Mary Crowl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-03-7353
17. INFORMANT Mrs Paul Byers, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH minutes.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 9/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-26-1950
NAME OF CEMETERY OR CREMATORY Bridge Cem.
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 9/26/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H. Bankard & Son, Westminster ADDRESS Md.

33284

RECEIVED
SEP 28 1950
BUREAU V. S

09130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Westminster
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Carbaugh (Last)

4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr 8, 1864
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Louis Carbaugh
14. MOTHER'S MAIDEN NAME Agnes Menges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Levine Carbaugh Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular Renal Disease c̄ Hypertension	several yrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Arterio Sclerosis Genl	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1948, to Sept 24, 1950, that I last saw the deceased alive on Sept 22, 1950, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE A Glenn Speicher (Degree or title) ADDRESS Westminster Md. DATE SIGNED 9/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 27 1950
NAME OF CEMETERY OR CREMATORY Bacon Cemetery
LOCATION (City, town, or county) Tyrone, Carroll, (State) Md.

DATE REC'D BY LOCAL REG. 9/25/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C O Fuss & Son ADDRESS Taneytown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1950
BUREAU

09131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH pc

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 1 mo. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-5
STREET ADDRESS (If rural, give location): 707 N. Spring Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ISABELLE (Last) CULLISON

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: March 13,1909

9. AGE last birthday: 41 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housemaid

11. BIRTHPLACE (State or foreign country): St. Mary's Co, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Purnell

14. MOTHER'S MAIDEN NAME: Catherine Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 213-14-8361

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: May, 1950

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 19 50, to Sept. 20, 19 50, that I last saw the deceased alive on Sept. 20, 19 50 and that death occurred at 6:40 A. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lauer (Degree or title) — ADDRESS: Henryton, Md. — DATE SIGNED: 9-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9-23-50 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9-20-50 — REGISTRAR'S SIGNATURE: Albert R. Swankhaus — Deputy Local

24. FUNERAL DIRECTOR: Garland Funeral Home — ADDRESS: 1021 Druid Hill Ave.

52086

RECEIVED
SEP 26 1950
BUREAU V. S

09132

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
LENGTH OF STAY (in this place): 3 mos. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: unknown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) (Last) DELAUDER

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11/25/65

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse - Practical

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: H. Francis Steiner

14. MOTHER'S MAIDEN NAME: Othetta Fout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	Between 5/50 and 9/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (422.2 93d)	(b) Changes of old age	indefinite
	(c) Gangrenous decubitus ulcers	3 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, simple deterioration — since 1941

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1950, to 9/17, 1950 that I last saw the deceased alive on 9/17, 1950 and that death occurred at 10:55 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M. D. ADDRESS: Sykesville, Maryland DATE SIGNED: 9/17/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept. 20 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Frederick Md.

DATE REC'D BY LOCAL REG.: Sept. 18, 1950 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: M. R. Etchison & Son — ADDRESS: Frederick, Md.

V3692

VS. A15

RECEIVED
SEP 20 1950
BUREAU OF S

09133

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Johnsville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Johnsville
STREET ADDRESS (If rural, give location): Rural--Sykesville

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WALTER (Last) DORSEY

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 8-14-1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John Wesley Dorsey

14. MOTHER'S MAIDEN NAME: Rachel Givins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Garfield Dorsey, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) hypertensive cardio vascular disease — Interval Between Onset and Death: ?

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — ?

(c) myocarditis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19..., to 9/27, 1950, that I last saw the deceased alive on 9/26, 1950, and that death occurred at 5:05 A m., from the causes and on the date stated above.

SIGNATURE: W. H. Lawrence (Degree or title) — ADDRESS: Sykesville, Maryland — DATE SIGNED: 9/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 9-29-1950 — NAME OF CEMETERY OR CREMATORY: Johnsville — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: Sept. 28, 1950 — REGISTRAR'S SIGNATURE: Estaney Keen

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS:

98899

RECEIVED
SEP 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09134

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizelburg R.D. LENGTH OF STAY (in this place) lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizelburg - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARVEY (Middle) THEODORE (Last) ECKARD				4. DATE OF DEATH (Month) Sept (Day) 21 (Year) 1950	
5. SEX m	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 31 1865	9. AGE last birthday 85 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Eckard			14. MOTHER'S MAIDEN NAME Susan McGee		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none		17. INFORMANT David E. Rineman		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331x Immediate cause	(a) Cerebral hemorrhage	20 min
830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh	Deputy Medical Examiner	Westminster Md	9/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept 23, 1950	NAME OF CEMETERY OR CREMATORY Church of God	LOCATION (City, town, or county) (State) Uniontown, Md
DATE REC'D BY LOCAL REG. 9/22/50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR C.D. Fusst & Son	ADDRESS Taneytown Md

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 23 1950
BUREAU F. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09135

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 9 mo. 5 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 E. Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 110 E. Green

3. NAME OF DECEASED (Type or Print) (First) Teresa (Middle) Lee (Last) Eckenrode
4. DATE OF DEATH (Month) Sept. (Day) 21 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 12-1949
9. AGE last birthday 9 mos. 9 dys. yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Hanover Hosp. Hanover Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME LaMotte Eckenrode
14. MOTHER'S MAIDEN NAME Gloria Ann Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS LaMotte Eckenrode 110 E. Green Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0 Immediate cause (a) Accidental suffocation

182.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Suffocation
PLACE OF INJURY (Home, ~~farm, factory, street, office bldg., etc.~~) 110 E. Green (CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-21-50 5 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Tangled in bed clothing

22. I hereby certify that I attended the deceased from Dec 20, 1949, to Sept 21, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette (Degree or title) MD, ADDRESS Westminster Md DATE SIGNED 9-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 24-1950
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 9/22/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard Roy ADDRESS Westminster, Md.

9-V-V-12-9-99-V-99-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU Y. S

09136

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 75 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Bachmans Valley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster, RD #2
STREET ADDRESS (If rural, give location) Old Bachmans Valley Road

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) FRANKLIN (Last) ESSICH
4. DATE OF DEATH (Month) Sept (Day) 30 (Year) 1950

5. SEX Male
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 30, 1871
9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Essich
14. MOTHER'S MAIDEN NAME ~~Cora Mary Kenny~~ Susan Baumgardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Oscar Essich, Westminster RD #, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis c̄ Valvular	1946
Antecedent cause(s)	Insufficiency & Coronary	
420.1 92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Occlusion	1/2 hr
	(c) Hypertension	1946

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1946, to Sept 30, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wilhelm Speicher Westminster Md. 9/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 2, '50
NAME OF CEMETERY OR CREMATORY Kreders Cemetery
LOCATION (City, town, or county) (State) Westminster Md. RD #2

DATE REC'D BY LOCAL REG. 9/30/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. E. Myers, Jr. ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1950
BUREAU OF

09137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg | LENGTH OF STAY (in this place) 80 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) — (Last) FRAZIER

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1950

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: Oct 3 1869 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm owner | 11. BIRTHPLACE (State or foreign country): Finksburg Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Frazier | 14. MOTHER'S MAIDEN NAME: Mary A. Sauvers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service): — | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Mrs Agnes G. Frazier, Finksburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHO-PNEUMONIA	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE WITH PARAPLEGIA	4 YRS.
422.1 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Sept. 20, 1950, that I last saw the deceased alive on Sept. 18, 1950, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, MD. DATE SIGNED: 9/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept 23, 50 | NAME OF CEMETERY OR CREMATORY: St. John's Cemetery | LOCATION (City, town, or county): Westminster (State): Md.

DATE RECD BY LOCAL REG.: 9/20/50 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: J. E. Myers, Jr. ADDRESS: Westminster Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 29 1950
BUREAU

09138

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural | LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) GRIMES
4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Single	June 1902	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farm laborer by day		Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Reuben Grimes	Jane Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		none	David Marsteller, Linwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Marsh	Deputy Medical Examiner	Baltimore Md	Sept 11/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 13-50	Meadow Branch	Westminster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 13, 1950	Ercie D. Benedict	D D Hartzler & Sons	New Windsor & Union Bridge Md

RECEIVED
SEP 14 1950
BUREAU V. S

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SEP 14 1950
BUREAU V. S

M

09139

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

Carroll

1. PLACE OF DEATH — COUNTY Manchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Manchester — LENGTH OF STAY (in this place) 67
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Manchester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Milton (Middle) E. H. (Last) Grosse

4. DATE OF DEATH (Month) Sept (Day) 24 (Year) 1950

5. SEX Fale

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 2-2-1883

9. AGE last birthday 67 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plaster

10b. KIND OF BUSINESS OR INDUSTRY House Plaster

11. BIRTHPLACE (State or foreign country) Carroll Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Grosse

14. MOTHER'S MAIDEN NAME Magret Barbara Weigel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT AND ADDRESS Margaret Grosse Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 hr

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from I never attended patient, 19....., to ....., 19....., that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at 2:A m., from the causes and on the date stated above.

SIGNATURE W. H. Foard — (Degree or title) M.D. — ADDRESS Manchester-Md — DATE SIGNED Sept 24-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 9-28-50 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) Manchester — (State) Md.

DATE REC'D BY LOCAL REG. Sept 26/50 — REGISTRAR'S SIGNATURE Mrs. W. R. S. Denner — 24. FUNERAL DIRECTOR Jacob Winks Sons Manchester, Md. — ADDRESS

34609

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 2 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09140

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manchester
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maine COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gray
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) L. (Last) Hoffacker

4. DATE OF DEATH (Month) Sept (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 12-1879
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Commercial College
11. BIRTHPLACE (State or foreign country) Manchester, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Hoffacker
14. MOTHER'S MAIDEN NAME Mary Katherine Landis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Geo. Hoffacker Gray, Maine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
177x	Immediate cause	(a) Cerebral Hemorrhage	2 wks
51b	Antecedent cause(s)	(b) Hypertension	5 yrs.
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma prostate	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1950, to Sept 3, 1950, that I last saw the deceased alive on Sept 3, 1950, and that death occurred at 7:10 P m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M.D. ADDRESS Manchester-Md DATE SIGNED Sept 4-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 9-6-50 NAME OF CEMETERY OR CREMATORY Manchester Union LOCATION (City, town, or county) Manchester Carroll (State) Md.

DATE REC'D BY LOCAL REG. Sept 5/50 REGISTRAR'S SIGNATURE Mrs. W. R. S. Denner
24. FUNERAL DIRECTOR Jacob Wink's Sons ADDRESS Manchester Md

13491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09141

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: nr Winfield
LENGTH OF STAY (in this place): 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nr. Winfield
STREET ADDRESS (If rural, give location): Rural -- Westminster

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) ROY (Last) KILER

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 5-16-1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob D. Kiler

14. MOTHER'S MAIDEN NAME: Amanda Hollinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Estella E.Kiler, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute Cardiac Decompensation	6 hrs
331X Antecedent cause(s)	(b) Cerebral Hemorrhage	6 days
830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio-Sclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1950, to Sept 11, 1950, that I last saw the deceased alive on Sept 10, 1950 and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. R Foutz MD, Westminster Md 9.11-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: 9-12-1950 | NAME OF CEMETERY OR CREMATORY: Sams Creek Brethren | LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG. 9-11-1950 | REGISTRAR'S SIGNATURE: E. M. Fame

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. ADDRESS

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SEP 18 1950
BUREAU V. S

09142

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1yr.8mo.10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 1
STREET ADDRESS (If rural, give location) 931 Linden Ave.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) GLADYS (Last) LEWIS

4. DATE OF DEATH (Month) Sept., (Day) 27 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb.,14,1909
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY Cannin Factory
11. BIRTHPLACE (State or foreign country) Evergreen, N. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel W. Nance
14. MOTHER'S MAIDEN NAME Eliza Gowans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-22-3250
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	April,1948
002 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
136	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.17, 1949, to Sept.27, 1950 that I last saw the deceased alive on Sept.27, 1950, and that death occurred at 5:50 A. m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 9/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 2, 1950
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.
LOCATION (City, town, or county) (State) Anne Arundel Co, Md.

DATE REC'D BY LOCAL REG. 9/27/50
REGISTRAR'S SIGNATURE Albert R Swankham
24. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1631 David Hill Ave.

Deputy Local

496 X1

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED

09143

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WESTMINSTER
LENGTH OF STAY (in this place) 49 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WESTMINSTER
STREET ADDRESS (If rural, give location) R.D. 6

3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) JAMES (Last) LITTLE
4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 9-25-1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour
10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME LEWIS J. LITTLE
14. MOTHER'S MAIDEN NAME ELLA MONATH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-10-5646
17. INFORMANT Herbert Miller Westminster R.D.6. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Fractured skull ?

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 32 (CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) Sept (Day) 23 (Year) 50 (Hour) 8 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Pedestrian - Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED Sept 23/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 9-26-1950
NAME OF CEMETERY OR CREMATORY DEER PARK
LOCATION (City, town, or county) SMALLWOOD (State) MD.
DATE REC'D BY LOCAL REG. 9/25/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard & Son ADDRESS Westminster Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09144

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 19 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Bal; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 6301 Blentheim Road, Pimlico

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) L. (Last) MacKenzie.

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1950

5. SEX: fem.

6. COLOR OR RACE: wh.

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Sept 16 70

9. AGE last birthday: 79 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory worker

10b. KIND OF BUSINESS OR INDUSTRY: weaving

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: William H MacKenzie

14. MOTHER'S MAIDEN NAME: Christine Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hosp. record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic myocarditis a. myoc. degen. — 3 years

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic - depr. Psychosis — 20 years

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from oct., 1947, to Sept 2, 1950, that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 1225 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elizabeth A. Kiniarz MD Springfield St. H. Sykesville, Md. Sept. 2. 50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 9-5-50

NAME OF CEMETERY OR ~~CREMATORY~~: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville, Md

DATE REC'D BY LOCAL REG.: Sept. 2, 1950

REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: William Cook Inc

ADDRESS: 1217 St Paul St. Balto. Md.

4406

RECEIVED
SEP 5 1950
BUREAU V. S

09145

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

83

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural- Woodbine
LENGTH OF STAY (in this place): 26 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gosnell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
STREET ADDRESS (If rural, give location): Carroll Street ✓

3. NAME OF DECEASED (Type or Print): (First) Maud (Middle) Peacock (Last) Martin

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 7, 1879

9. AGE last birthday: 7/ 80 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles S. Peacock

14. MOTHER'S MAIDEN NAME: Margaret E. Peacock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: J. Ralph Lambert. Pittsburgh, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Decompesation	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic, Cardio Vascular, Hypertensive	4 years +
	(c)	

443X
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 4 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1949, to Sept. 8, 1950, that I last saw the deceased alive on Sept. 8, 1950, and that death occurred at 8 A: m., from the causes and on the date stated above.

SIGNATURE: J. Stanley Grabill — (Degree or title) M.D. — ADDRESS: Mt. Airy, Md. — DATE SIGNED: 9/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 11, 1950 — NAME OF CEMETERY OR CREMATORY: U. B. Cemetery — LOCATION (City, town, or county) (State): Thurmont, Md.

DATE REC'D BY LOCAL REG.: Sept. 11 1950 — REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS: Thurmont, Md

Sept 13 1950 Edna M. Hewitt

RECEIVED
SEP 20 1950
BUREAU V. S

RECEIVED
SEP 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09146

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Airy
LENGTH OF STAY (in this place) 30 1/4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Airy
STREET ADDRESS (If rural, give location) Off Watersville Road

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Myers
4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 6 1950
9. AGE last birthday yrs. If under 1 year Months. Days 1 1/4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Herman Ellsworth Myers
14. MOTHER'S MAIDEN NAME Mary Doris Simms
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mary Doris Simms Myers, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Newborn

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1950, to Sept 7, 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE W.B. Culwell (Degree or title) M.D. ADDRESS Mt. Airy Md. DATE SIGNED Sept 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 9-8-1950
NAME OF CEMETERY OR CREMATORY WARREN
LOCATION (City, town, or county) Howard Co. (State) Md.

DATE REC'D BY LOCAL REG Sept 8/50
REGISTRAR'S SIGNATURE Thos D Snyder
24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield Md.

1-0-9-06-0-23-4-28-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09147

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 10Mos.13Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 346 E. 23½ Street

3. NAME OF DECEASED (Type or Print): (First) VIVIAN (Middle) LENORA (Last) POWELL

4. DATE OF DEATH: (Month) September (Day) 1, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Jan.21, 1927

9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond Viginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eugene Logan

14. MOTHER'S MAIDEN NAME: Mary E. Curmm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-22-8131

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — June, 1947

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1949, to Sept. 1, 1950, that I last saw the deceased alive on Sept. 1, 1950, and that death occurred at 8: p.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer. (Degree or title): M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 9/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9/5/1950 | NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem | LOCATION (City, town, or county): B. C. Co (State): Md

DATE REC'D BY LOCAL REG.: 9/1/50 | REGISTRAR'S SIGNATURE: Albert R. Counihan Deputy Local | 24. FUNERAL DIRECTOR: Rayner Sanders ADDRESS: 1412 E. Preston St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09148

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (In this place) 3 mos. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Branch Street

3. NAME OF DECEASED (Type or Print): (First) VIRGINIA (Middle) BERNICE (Last) PURNELL
4. DATE OF DEATH: (Month) September (Day) 17 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 25, 1929
9. AGE last birthday: 21 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician
10b. KIND OF BUSINESS OR INDUSTRY: Hair dresser
11. BIRTHPLACE (State or foreign country): Berlin, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Purnell
14. MOTHER'S MAIDEN NAME: Elizabeth Purnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-24-0412
17. INFORMANT AND ADDRESS: Mother--Elizabeth Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Feb., 1950

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1950, to Sept. 17, 1950, that I last saw the deceased alive on Sept. 17, 1950 and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elmer P. Sauer. M.D. Hneryton, Md. 9/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Sept 20, 1950 | NAME OF CEMETERY OR CREMATORY Berlin | LOCATION (City, town, or county) (State) Worcester Co, Md.

DATE REC'D BY LOCAL REG. 9/17/50 | REGISTRAR'S SIGNATURE Albert R. Swarthman Deputy Local | 24. FUNERAL DIRECTOR Burbage Funeral Home - Berlin Md. | ADDRESS

20089

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09149

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 9 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) Iola	(Middle) G.	(Last) Reeder	4. DATE OF DEATH	(Month) 9	(Day) 8	(Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH unknown 1888	9. AGE last birthday 62 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Jacob Poffenberger	14. MOTHER'S MAIDEN NAME Alice Fisher						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Hospital records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Peritonitis	days
550.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Perforation of intestines, possibly ruptured appendix	days
121 (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional depression, agitated type — 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15-, 1941, to 9-8-, 1950, that I last saw the deceased alive on 9-8-, 1950, and that death occurred at 11.20p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

June L. Hitchman, M.D. Springfield State Hospital, Sykesville, Md. 9-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9-12-50	NAME OF CEMETERY OR ~~CREMATORY~~ Boonsboro	LOCATION (City, town, or county) (State) Boonsboro, Md.
DATE REC'D BY LOCAL REG. Sept. 10, 1950	REGISTRAR'S SIGNATURE C. Harry Weer	24. FUNERAL DIRECTOR Wm F Bast & Sons	ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 14 1950
BUREAU V. S

09150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place): 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Ernest (Last) Ritter

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 28, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter L. Ritter

14. MOTHER'S MAIDEN NAME: Cerandal Lippy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs W. E. Ritter, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — 6 month

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Sept 19, 1950, that I last saw the deceased alive on Sept 18, 1950, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): B. M. Benner M.D. ADDRESS: Taneytown Maryland DATE SIGNED: September 21, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 22, 1950 | NAME OF CEMETERY OR CREMATORY: Keysville Cemetery | LOCATION (City, town, or county) (State): Keysville, Maryland

DATE REC'D BY LOCAL REG.: Sept 22, 1950 | REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR ADDRESS: C. O. Fuss & Son Taneytown, Md.

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SEP 26 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09151

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE unknown COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) ✓ (Last) Rogers

4. DATE OF DEATH (Month) IX (Day) Sept. 3. (Year) 1950.

5. SEX fem.
6. COLOR OR RACE wh.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH unknown 1885?
9. AGE last birthday ab. 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker
10b. KIND OF BUSINESS OR INDUSTRY packghouse
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hosp. Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	8 hours
421,4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic endocarditis	38 years
92d	(c) Chron. myocarditis w. degenerat	20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia par-type. 38 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from oct, 1947, to sept 3, 1950, that I last saw the deceased alive on sept 7, 1950, and that death occurred at 4.45a.m., from the causes and on the date stated above.

SIGNATURE Elizabeth A. Winiarz (Degree or title) MD. ADDRESS Springfield St H. Sykesville, Md. DATE SIGNED Sept. 3. 50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9/6/50
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) (State) Balto City

DATE REC'D BY LOCAL REG. Sept. 6, 1950
REGISTRAR'S SIGNATURE C Harry Weer
24. FUNERAL DIRECTOR Frances A. Hemsley 5781 W Biddle St
ADDRESS

4/6 X1

RECEIVED
SEP 11 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

191 x

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09152

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Hamilton (Last) Roop

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH June 9. 1857
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant
10b. KIND OF BUSINESS OR INDUSTRY Grocery Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joel Roop
14. MOTHER'S MAIDEN NAME Julia Ann Nicodemus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Preston B Roop, New Windsor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

53

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Squamous Cell Carcinoma - Face

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Sept 8, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 11:45 a m., from the causes and on the date stated above.

SIGNATURE M. E. Robertson (Degree or title) M.D. ADDRESS New Windsor, Md. DATE SIGNED 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 11-1950
NAME OF CEMETERY OR CREMATORY Pipe Creek
LOCATION (City, town, or county) Uniontown Road (State) Md.

DATE REC'D BY LOCAL REG. Sept 11/50
REGISTRAR'S SIGNATURE Essie G Benedict
24. FUNERAL DIRECTOR D D Hartzler & Sons ADDRESS New Windsor & Union Bridge, Md

15661

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SEP 13 1950
BUREAU V. S

09153

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster — LENGTH OF STAY (in this place): 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glover's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 103 Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) EMMA (Last) SHAFFER
4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1950
5. SEX: f.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 26 1874
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Thomas Ward
14. MOTHER'S MAIDEN NAME: Margaret Ann Devilbiss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Wm. Shaffer, Manchester Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Acute Cardiac Decompensation	10 hrs
422.1	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	5 yrs
		(c) Arteriosclerosis	6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-, 1948, to 9-25-, 1950, that I last saw the deceased alive on 9-25-, 1950 and that death occurred at 11.30 a m., from the causes and on the date stated above.

SIGNATURE: Chas R Touty (Degree or title) MD — ADDRESS: Westminster Md — DATE SIGNED: 9-26-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 28.50 — NAME OF CEMETERY OR CREMATORY: Sandymount Cem. — LOCATION (City, town, or county) (State): Finksburg Md.

DATE REC'D BY LOCAL REG.: 9/26/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. E. Myers Jr. — ADDRESS: Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09154

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Middleburg
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Middleburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Albert (Last) Snyder

4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-12-1873

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cement Industry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi Snyder

14. MOTHER'S MAIDEN NAME: Sarah Ann Schroder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-03-1013

17. INFORMANT AND ADDRESS: Mrs. Martha Snyder, Middleburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

592x
131a

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24, 1950, to Sept. 30, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE: J. H Leggett (Degree or title) ADDRESS: Mission Bridge, Maryland DATE SIGNED: 9-30-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10-3-50
NAME OF CEMETERY OR CREMATORY: Baust Cemetery
LOCATION (City, town, or county) (State): Tyrone, Maryland

DATE REC'D BY LOCAL REG.: Oct 2, 1950
REGISTRAR'S SIGNATURE: Ethel M Mehring
24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

Local

988 V9

RECEIVED
OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09155

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JACOB (Middle) E. (Last) STEM
4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 6-24-1858
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer (retired)
10b. KIND OF BUSINESS OR INDUSTRY Self emp & employee
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jesse E. Stem
14. MOTHER'S MAIDEN NAME Rebecca Schuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Mrs. Fred Condon, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Generalized Arteriosclerosis — years.

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED Sept 11/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 9-13-1950
NAME OF CEMETERY OR CREMATORY New Market
LOCATION (City, town, or county) New Market, Md. (State)

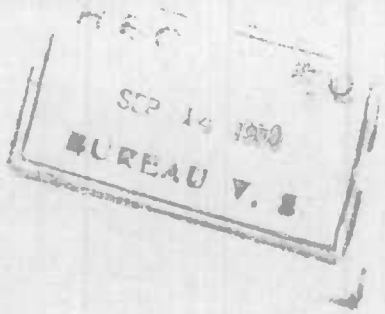
DATE REC'D BY LOCAL REG. Sept. 13/50
REGISTRAR'S SIGNATURE Essex S Benedict
24. FUNERAL DIRECTOR C.M. Waltz, Winfield, Md. ADDRESS

34609

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09156

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8: A15

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 2yrs. 1mon. 14days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto.,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Turner Station
STREET ADDRESS (If rural, give location): 108 Fleming Drive

3. NAME OF DECEASED (Type or Print): (First) CHARLEY (Middle) MAE (Last) STEWART

4. DATE OF DEATH: (Month) Sept., (Day) 11, (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct.15,1909

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Coosa, Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Archer Gardner

14. MOTHER'S MAIDEN NAME: Alice Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Nov.1940

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1948, to Sept., 11 19 50, that I last saw the deceased alive on Sept., 11, 19 50, and that death occurred at 8:30 A.,m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer — (Degree or title) M.D. — ADDRESS: Henryton, Maryland — DATE SIGNED: 9/11/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF: 9-15-50 | NAME OF CEMETERY OR CREMATORY: Urbutus Cem. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/11/50 | REGISTRAR'S SIGNATURE: Albert R. Swanstrom | 24. FUNERAL DIRECTOR ADDRESS: Charles R. Law 802 Madison Ave.

Deputy Local

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09157

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eldersburg
LENGTH OF STAY (in this place): 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eldersburg
STREET ADDRESS (If rural, give location): Rural--Sykesville

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MAMIE	E.	TALBOTT	Sept.	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	colored	married	4-5-1891	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Maggie Hackett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	William L. Talbott, Sykesville, Md.

18. MEDICAL CERTIFICATION.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) hypertensive cardiovascular disease	10 yrs
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1935, 19..., to 18 Sept., 1950, that I last saw the deceased alive on 17 Sept., 1950, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. H. Lawson	M.D.	Sykesville	9/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-21-1950	Johnsville	Carroll Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 20, 1950	Nancy Keen	C. M. Waltz,	Winfield, Md.

RECEIVED
SEP 2[illegible] 1950
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09158

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) AUSTIN (Middle) A (Last) TOWNER

4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 12-24-1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Railway Coal

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wayne Towner

14. MOTHER'S MAIDEN NAME: Eliza Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Austin A Towner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 8 hrs.

420.1 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C-V Disease — 1 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to Sept 23, 1950; that I last saw the deceased alive on Sept. 23, 1950, and that death occurred at 5:30p m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Porterfield (Degree or title) M.D. ADDRESS: HAMPSTEAD MD DATE SIGNED: 9/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 27/50 — NAME OF CEMETERY OR CREMATORY: Hampstead — LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG.: Sept. 25, 1950 — REGISTRAR'S SIGNATURE: John S. Hughes Jr. — 24. FUNERAL DIRECTOR: Edw C Tipton — ADDRESS: Hampstead Md

10247

RECEIVED
SEP 27 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09159

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 2yrs.6mos.6days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) 516 N. Stricker Street ✓

3. NAME OF DECEASED (Type or Print)	(First) ROBERT	(Middle)	(Last) VENEY	4. DATE OF DEATH	(Month) Sept.	(Day) 7	(Year) 1950
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 15,1893	9. AGE last birthday 57 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Long Shoreman	11. BIRTHPLACE (State or foreign country) Richmond Co., Virginia	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Sam Veney	14. MOTHER'S MAIDEN NAME Julia Thompson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)	16. SOCIAL SECURITY No. 218-01-4789	17. INFORMANT AND ADDRESS Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
002 X Immediate cause	(a) Pulmonary Tuberculosis	Dec.,1947
13.6 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1948, to Sept. 7, 1950, that I last saw the deceased alive on Sept. 7, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	HENRYTON, MARYLAND	9/7/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/11/50	Arbutus Cem.	Brooklyn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/7/50	Albert R. Swanhham	Elroy O Wilson	100 Brantley Ave.

DEPUTY LOCAL

90651

RECEIVED
SEP 14 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09160

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville (Since 4-1-13) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Pyle (Last) Wastler
4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1950
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 12.20.1905
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Frederick CO., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Wastler
14. MOTHER'S MAIDEN NAME Gertrude Pyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Sister: Anna Fox, East Str., Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: a few months probably

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Convulsive Disorder, Epileptic Deterioration. — many years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.26, 1946, to 9.9., 1950, that I last saw the deceased alive on 9.9., 1950, and that death occurred at 10 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ilse Kamm ADDRESS Springfield State Hosp. DATE SIGNED 9-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept 12-50 NAME OF CEMETERY OR CREMATORY Mt Tabor Cem LOCATION (City, town, or county) Rocky Ridge (State) Md

DATE REC'D BY LOCAL REG. Sept. 10, 1950 REGISTRAR'S SIGNATURE C Harry Neer 24. FUNERAL DIRECTOR M L Creager & Son ADDRESS Thurmont

52086

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SEP 14 1950
BUREAU V. S

09161

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:

County: Carroll

City or town: Manchester
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Carroll

City or town: Manchester
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME HORATIO TRACEY WENTZ

3. (b) Social Security Number 217-07-6929

4. Sex: M

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of ~~husband~~ or wife: Saranda Burkhem Wentz

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.): April 1- 1875

8. AGE: Years 75 | Months 5 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace: York, Pa ~~Md.~~
(Town, county, and state)

10. Usual occupation: Fire Insurance Agent

11. Industry or business: Insurance

FATHER
12. Name: John V. Wentz
13. Birthplace: Md.

MOTHER
14. Maiden name: Ellen Tracey
15. Birthplace: Md.

16. Informant: Mrs H. T. Wentz.
Address: Manchester, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 10/3/1950 (month) (day) (year)

Cemetery or crematory: Lazarus Church

Location: Lineboro Md

18. Funeral director: H. Geiple & Son ~~H. Geiple~~
Address: Glen Rock, Pa.

19. Oct. 2 1950 (Date rec'd by registrar) Mrs. W. R. S. Denner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sep. 30 1950, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 1947 to Sept 30 1950 and that I last saw him alive on Sept 29 1950

Immediate cause of death: Chronic Endocarditis with mitral valve insufficiency secondary to

Due to: Subacute Bacterial Endocarditis

Due to: Hypertension

Other conditions: Diabetes

DURATION: 3 yrs; 10 yrs; 1 1/2

430.0 (Include pregnancy within 3 months of death)

Major findings of operations: 61 Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. H. Foard M. D.
M. D. or other

Address: Manchester - Md Date signed: Oct 1-1950

27480

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
OCT 4 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

09162

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Union Bridge
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Miss Gertrude (Middle) Whimert (Last)

4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 12/22/1869

9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Welfare Records Carroll Co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.3 Immediate cause (a) Paralysis

Antecedent cause(s)

850 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Diabetes~~, Epilepsy

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Sept 6, 1950, that I last saw the deceased alive on 9-6, 1950, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Legg Md ADDRESS Union Bridge Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept 9, 1950 NAME OF CEMETERY OR CREMATORY Lutheran LOCATION (City, town, or county) Taneytown (State) Md

DATE REC'D BY LOCAL REG. Sept 8, 1950 REGISTRAR'S SIGNATURE Leslie S. Repp

24. FUNERAL DIRECTOR C. D. Russ & Son ADDRESS Taneytown Md

RECEIVED
SEP 11 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09164

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) R (Last) Willis

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1950

5. SEX male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec 25-1867

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer at Cement plant

10b. KIND OF BUSINESS OR INDUSTRY Grinder

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Thomas Willis

14. MOTHER'S MAIDEN NAME Belle Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Rosie Jones - Union Bridge, Md Rural

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 weeks

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83b (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1950, to 9/8, 1950, that I last saw the deceased alive on 9/6, 1950, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE M. E. Robertson (Degree or title) M.D. ADDRESS New Windsor, Md DATE SIGNED 9/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept 12-1950

NAME OF CEMETERY OR CREMATORY Mt Joy

LOCATION (City, town, or county) Uniontown (State) Maryland

DATE REC'D BY LOCAL REG. 9-11-50

REGISTRAR'S SIGNATURE Leslie L. Repp

24. FUNERAL DIRECTOR D D Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md

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SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09165

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster; LENGTH OF STAY (in this place) 14 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sullivan Road; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster; STREET ADDRESS (If rural, give location) Sullivan Road

3. NAME OF DECEASED (Type or Print): (First) ANNA BELL (Middle) SNYDER (Last) ZEPP

4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 21, 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Littlestown Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli D. Snyder

14. MOTHER'S MAIDEN NAME: Emma Spangler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Moritz Zepp. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Edema	22 hrs.
Antecedent cause(s)	(b) Hypertensive arterio-sclerotic Cerebral Vascular Disease	4 wks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Diabetes Mellitus.	10 yrs

260X

61

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1943, to Sept 1, 1950, that I last saw the deceased alive on Sept 1 —, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas R Fouty M.D. ADDRESS: Westminster Md. DATE SIGNED: 9-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Sept. 4. 50; NAME OF CEMETERY OR CREMATORY: Brothers Cemetery; LOCATION (City, town, or county) Westminster; (State) R.D. Md.

DATE REC'D BY LOCAL REG. 9/2/50; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: J. E. Myers. Jr. ADDRESS: Westminster Md.

RECEIVED
SEP 5 1950
BUREAU V. S

09166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Enterprise — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Enterprise
STREET ADDRESS (If rural, give location): Rural-- Westminster

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) DAVID (Last) ZILE
4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1-29-1878
9. AGE last birthday: 72 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer--retired
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David H. Zile
14. MOTHER'S MAIDEN NAME: Annie E. Cover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mary E. Zile, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis (Chr) ?
Antecedent cause(s) Nephritis (Chr) ?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension
(c)

443X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Sept 8, 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 11:15 A. m., from the causes and on the date stated above.

SIGNATURE: W. C. Jeannette (Degree or title) MD. — ADDRESS: Westminster Md — DATE SIGNED: Sept 8-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 9-10-1950 — NAME OF CEMETERY ~~OR CREMATORY~~: St. James — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: 9-9-1950 — REGISTRAR'S SIGNATURE: E. M. Farver
24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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